Attorney Docket No. 17679 (BOT)



(check one)

attorneys:

COMBINED DECLARATION & POWER OF ATTORNEY - U.S.A Application

As a below named inventor, I hereby declare that:

[]

My residence post office address and citizenship are as stated below next to my name.

is attached hereto

I believe I am the original first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled METHODS FOR TREATING PAIN AND FOR TREATING A MEDICATION OVERUSE DISORDER the specification of which

[X] ·	was filed on FEBRUARY 26, 200)4 as US Application Serial Nu	ımber 10/789,180.
I hereby state that I have rev by any amendment referred		s of the above identified specifi	ication, including the claims, as amended
priority benefits under 35 U. PCT International application	S.C. 119(a)-(d) or 365(b) of any to on which designated at least one co on for patent or inventor's certifica	foreign application(s) for paten ountry other than the United Sta	ed in 37 CFR 1.56. I hereby claim foreign it or inventor's certificate, or 365(a) of any ates, listed below and have also identified ation having a filing date before that of the
NONE			
Prior Foreign Application(s)		Priority Not Claimed
(Number)	(Country)	(Day/Month/Year Filed	<u> </u>
I hereby claim the benefit ur	nder 35 U.S.C. 119(e) of any Uni	ted States provisional applicati	ion(s) listed below.
NONE			
	(Application Number)	(Filing Date)	
designation the United States the prior United States or PC the duty to disclose informati	s, listed below and, insofar as the s T International application in the	subject matter of each of the claimanner provided by the first painty as defined in 37 CFR 1.56 w	(c) of any PCT International application ims of this application is not disclosed in tragraph of 35 U.S.C. 112, I acknowledge which became available between the filing tion.
NONE			
(Application Numb	er) (Filing	Date) (Status	s -patented, pending, abandoned)
I hereby appoint STEPHEN	DONOVAN, Registration No. 3	3,433 (to whom all communicat	tions are to be directed), at Allergan, Inc.

(T2-7H), 2525 Dupont Drive, Irvine, CA. 92612, telephone number (714) 246-4026, facsimile number (714) 246-4249, and the below-named persons (of the same address) individually and collectively my attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith and with the resulting patent, with full power to appoint associate

<u>Name</u>	Registration No.	
Martin A. Voet	25,208	
Robert J. Baran	25,806	
Carlos A. Fisher	36,510	
Brent A. Johnson	51,851	
Dean G. Stathakis	54,465	

مطابخ للممسرين

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1. FULL NAME OF INVENTO	OR:		· · · · · · · · · · · · · · · · · · ·		
First Name:	Initial	Last Name			
CATHERINE	C.	TURKEL			
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Signature. Catherine C: July		DATE: 6/8/2004			
2. FULL NAME OF INVENTO	\D .				
	JR:	Last Name			
First Name: MITCHELL	F.				
MITCHELL	r.	BRIN			
5	RESIDENCE & CITIZ	ZENSHIP			
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Signature		DATE:			
	,				
3. FULL NAME OF INVENTO	······································				
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	RESIDENCE & CITIZ	ZENSHIP			
City	State or Foreign Country	Country of Citizenship			
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Post Office Address	City	State or Country	Zip Code		
Signature		DATE:			
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